

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2001

Application or District Number

CMC-018

**CLAIMS AS FILED - PART I**

|                                  | (Column 1)               | (Column 2)   |
|----------------------------------|--------------------------|--------------|
| TOTAL CLAIMS                     | 65                       |              |
| FOR                              | NUMBER FILED             | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS          | 65 minus 20 =            | 45           |
| INDEPENDENT CLAIMS               | 7 minus 3 =              | 4            |
| MULTIPLE DEPENDENT CLAIM PRESENT | <input type="checkbox"/> |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

| RATE      | FEE    | OR | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 370.00 | OR | BASIC FEE | 740.00 |
| X3 9=     | 405    | OR | X3 18=    |        |
| X42=      | 168    | OR | X44=      |        |
| +140=     |        | OR | +280=     |        |
| TOTAL     | 943    | OR | TOTAL     |        |

**CLAIMS AS AMENDED - PART II**

5.31.00

|  | (Column 1)               |       | (Column 2)                         | (Column 3)    |
|--|--------------------------|-------|------------------------------------|---------------|
| CLAIMS REMAINING AFTER AMENDMENT               |                          |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total  | 65                       | Minus | 65                                 |               |
| Independent                                    | 7                        | Minus | 7                                  |               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/> |       |                                    |               |

SMALL ENTITY OR OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE | OR | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X3 9=            |                | OR | X3 18=           |                |
| X42=             |                | OR | X44=             |                |
| +140=            |                | OR | +280=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

2.21.00

|  | (Column 1)               |       | (Column 2)                         | (Column 3)    |
|--|--------------------------|-------|------------------------------------|---------------|
| CLAIMS REMAINING AFTER AMENDMENT               |                          |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total  | 65                       | Minus | 65                                 |               |
| Independent                                    | 7                        | Minus | 7                                  |               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/> |       |                                    |               |

SMALL ENTITY OR OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE | OR | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X3 9=            |                | OR | X3 18=           |                |
| X42=             |                | OR | X44=             |                |
| +140=            |                | OR | +280=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

7.27.00

|  | (Column 1)               |       | (Column 2)                         | (Column 3)    |
|--|--------------------------|-------|------------------------------------|---------------|
| CLAIMS REMAINING AFTER AMENDMENT               |                          |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total  | 55                       | Minus | 65                                 |               |
| Independent                                    | 7                        | Minus | 7                                  |               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/> |       |                                    |               |

SMALL ENTITY OR OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE | OR | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X3 9=            |                | OR | X3 18=           |                |
| X42=             |                | OR | X44=             |                |
| +140=            |                | OR | +280=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

\* If the entry in column 1 is less than the entry in column 2, enter "0" in column 3.  
 \* If the Highest Number Previously Paid For in THIS SPACE is less than 20, enter "20".  
 \* If the Highest Number Previously Paid For in THIS SPACE is 1, as shown in column 3, enter "1".  
 \* If the Highest Number Previously Paid For (Total of Independent) is the highest number found in the appropriate box in column 1.

Form 1001 (Rev. 8/99) U.S. DEPARTMENT OF COMMERCE

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